CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| NAME OF FILER  | (LAST)   | (FIRST)   | (MDOLE)                                    |
|--|--|---|--|
| the Company of the Co | CHISARI  | FRANCIS   | VINCENT                                    |
| 1. Office, Agency  | , or Court   |   |  |
| Agency Name  |  |   |  |
| CALIFOR  | ENIA INSTITUTE C   | OF RESENERATIO  | IF MEDICING (C.                            |
| AND THE REAL PROPERTY.   | partment, District, if applicable  | Your Position   |  |
|  | -0 C   | ALTERNATE M   | com B GR                                   |
| ► If filing for multip   | ole positions, list below or on an attachment.   |   |  |
| Agency:  |  | Position:   |  |
|  |  | 1 OSIGOTI,  |  |
| \ /  | f Office (Check at least one box)  |   |  |
| State  |  | ☐ Judge or Court Commiss  | sioner (Statewide Jurisdiction)            |
| ✓ Multi-County   |  | County of   |  |
| City of  |  | Other   |  |
| 3. Type of Stater  | mont (Observation)   |   |  |
|  | ment (Check at least one box)  |   | . 3 . 2/ . 2012                            |
| Decer  | period covered is January 1, 2012, through<br>mber 31, 2012.   | ∠\ Leaving Office: Date I<br>(Check one)  | eft 3 ,26,2013                             |
| <b>-or-</b><br>The p   | period covered is/   | · · · · · · · · · · · · · · · · · · ·   | is January 1, 2012, through the date of    |
|  | mber 31, 2012.   | leaving office.   |  |
| Assuming Office  | ce: Date assumed/  | _/ The period covered is, zul_2_, through the date of leaving office.             |  |
| ☐ Candidate: ⊟e  | ection year and office   | e sought, if different than Part 1:   |  |
| 4. Schedule Sum  | nmary  |   |  |
| Check applicable s   | schedules or "None."   | ► Total number of pages includir  | ng this cover page:                        |
| Schedule A-1 -   | chedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule atta |   | & Business Positions – schedule attached   |
| processor.   | Investments - schedule attached  | Schedule D - Income - Gifts - schedule attached                                   |  |
|  | Real Property - schedule attached  | Schedule E - Income - Gifts   | - Travel Payments - schedule attached      |
|  | -or<br>☐ None - <i>No repo</i> r   | :_<br>rtable interests on any schedule  |  |
| 5. Verification  |  |   |  |
| MAILING ADDRESS (Business or Agency Add)   | STREET<br>ress Recommended - Public Document)  | CITY STA  | TE ZIP CODE                                |
|  | D. N. TARROY PINES RE  | LA JOUR CA  | 92037                                      |
| DAYTIME TELEPHONE N  |  | E-MAIL ADDRESS (OPTIONAL)   |  |
| I have used all reason<br>herein and in any at   | nable diligence in preparing this statement. I tached schedules is true and complete. I ach                    | have reviewed this statement and to the best knowledge this is a public document. | of my knowledge the information contained  |
| I certify under pena   | alty of perjury under the laws of the State  | of California that the foregoing is true and                                      | correct.                                   |
| Date Signed <u>3</u>   | /26/2013   | Signature Holin   | n  |
| ~ ~ ~ ~ . 3 . 1 . 4  | (month, day, year)   |   | gned statement with your filing official.) |

## **SCHEDULE A-1 Investments**

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

| CALIFORNIA FORM 70               | 10              |
|----------------------------------|-----------------|
| FAIR POLITICAL PRACTICES COMMISS | ION             |
| Name                             | i di producioni |
|                                  |                 |
|                                  |                 |

| NAME OF BUSINESS ENTITY  | ► NAME OF BUSINESS ENTITY                                 |
|--|---|
| GILEAD SCIENCES  |   |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY   | GENERAL DESCRIPTION OF BUSINESS ACTIVITY                  |
| Healthcare   |   |
| FAIR MARKET VALUE  |   |
| \$2,000 - \$10,000   | \$2,000 - \$10,000 \$10,001 - \$100,000                   |
| \$100,001 - \$1,000,000 Over \$1,000,000   | \$100,001 - \$1,000,000 Over \$1,000,000                  |
|  |   |
| NATURE OF INVESTMENT  Stock Other  | NATURE OF INVESTMENT                                      |
| Stock Other(Describe)  | Stock Other (Describe)                                    |
| Partnership O Income Received of \$0 - \$499   | Partnership O Income Received of \$0 - \$499              |
| O Income Received of \$500 or More (Report on Schedule C)  | O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:  | IF APPLICABLE, LIST DATE:                                 |
| 12/17/12 / 12  |   |
| ACQUIRED DISPOSED  | /   |
| ► NAME OF BUSINESS ENTITY  |   |
|  | ► NAME OF BUSINESS ENTITY                                 |
| TELS PHARMACEUTICALS  GENERAL DESCRIPTION OF BUSINESS ACTIVITY   |   |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY   | GENERAL DESCRIPTION OF BUSINESS ACTIVITY                  |
| Healthcare   |   |
| FAIR MARKET VALUE  | FAIR MARKET VALUE   |
| \$2,000 - \$10,000 \( \times \) \$10,001 - \$100,000   | \$2,000 - \$10,000 \$10,001 - \$100,000                   |
| \$100,001 - \$1,000,000 Over \$1,000,000   | \$10,001 - \$1,000,000 Over \$1,000,000                   |
|  |   |
| NATURE OF INVESTMENT  Discrete Stock ☐ Other   | NATURE OF INVESTMENT Stock Other                          |
| (Describe)   | (Describe)  |
| ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499              |
| Simeonia fisadivad of Good of Mora (Naport of Scriedile C)   | ○ Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:  | IF APPLICABLE, LIST DATE:                                 |
| 2 - 13   |   |
| ACQUIRED DISPOSED  |   |
| ACQUIRED DISPOSED  | ACQUIRED DISPOSED   |
| ► NAME OF BUSINESS ENTITY  | ► NAME OF BUSINESS ENTITY                                 |
| RUGULUS THERAPENTICS   |   |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY   | GENERAL DESCRIPTION OF BUSINESS ACTIVITY                  |
| Healthcare   |   |
|  |   |
| FAIR MARKET VALUE  | FAIR MARKET VALUE   |
| \$2,000 - \$10,000 \$\times \$10,001 - \$100,000   | \$2,000 - \$10,000 \$10,001 - \$100,000                   |
| S100,001 - \$1,000,000 Over \$1,000,000  | \$100,001 - \$1,000,000 Over \$1,000,000                  |
| NATURE OF INVESTMENT   | NATURE OF INVESTMENT                                      |
| Stock Other(Describe)  | Stock Other   |
| Partnership O Income Received of \$0 - \$499   | (Describe)  Partnership () Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C)  | O Income Received of \$500 or More (Report on Schedule C) |
| IE ADDI ICADI E LICT DATE.   |   |
| IF APPLICABLE, LIST DATE:  | IF APPLICABLE, LIST DATE:                                 |
| 5, 12, 12  |   |
| ACQUIREĎ DISPOSED  | ACQUIRED DISPOSED   |
| •  | •   |
| Comments:  |   |